

CORRESPONDENCE

HIV/AIDS stigma and discrimination in South Africa – still a problem

To the Editor: Awareness of global health issues is most effectively raised through global campaigns.^[1] In 2002 - 2003, the World AIDS Campaign adopted the theme 'Live and Let Live: Stigma and Discrimination' to address various hostile determinants powering HIV/AIDS stigma and discrimination (S&D).^[1-3] Among the effects of HIV/AIDS-related S&D are blame, denial, and difficulties in adhering to treatment.^[3,4] While campaigns raise awareness of global health issues,^[5] it was HIV/AIDS that propelled global crusades for advocacy and mobilisation. HIV/AIDS S&D demanded a robust response at all levels of society, as efforts against HIV/AIDS were becoming futile.^[3] The various determinants of S&D should be placed in context to address the root causes that are specific to a particular nation or community. Otherwise, campaigns will come and go without a positive impact.

HIV/AIDS-related S&D are ingrained in societal structures,^[3] which calls for internal solutions. As the 'blame' persists and increasing numbers of people living with HIV/AIDS (PLWHA) shoulder the burden of lack of support and need for secrecy, they are deprived of their rights as human beings. To counter this, South Africa (SA) adapted the Vision for Zero Discrimination, with the overarching goal of halving S&D by 50%.^[6]

To be effective and successful, interventions need to take underlying influencing factors into consideration.^[7] The pervasiveness and persistence of stigma in areas with high HIV prevalence remains an important yet difficult area of research, and calls for the international public health community to be creative in designing and then implementing HIV/AIDS anti-stigma interventions.^[8] The expectation that areas with high prevalence rates of HIV, such as SA and sub-Saharan Africa, would easily succeed in implementing Vision for Zero Discrimination is optimistic, as people's perceptions are greatly impacted on by influential social institutions – what has been embedded cannot easily be ejected.

Interventions to address S&D in SA^[9] include a policy to audit interventions to assist PLWHA in accessing social services from their workplaces.^[6] After the murder of Gugu Dlamini in her own community after disclosure of her positive status,^[10] the Gugu Dlamini Foundation was established to raise awareness of HIV/AIDS issues, including S&D. This community-based intervention seeks to challenge S&D while offering advocacy for PLWHA.^[10] Edu-entertainment^[11] is another SA intervention. The Soul City Programme, for example, is aired in SA and neighbouring countries. The episodes are contextualised by SA actors familiar with the issues of S&D in the country, and portrayal of familiar issues in a local language promotes better understanding.

With its huge population, SA still has to scale up S&D interventions to reach the majority of those who need them. Difficult-to-reach rural areas with access to the 'Phelophepa train'^[12] can potentially receive an additional package of S&D interventions through it. Furthermore, individual citizens should jointly make HIV/AIDS S&D interventions their priority to carry SA forward.

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Correction

In the article 'The South African Surgical Outcomes Study: A 7-day prospective observational cohort study' by Biccard *et al.*, which appeared on pp. 465 - 475 of the June 2015 *SAMJ*, there was an error in the 'Conflict of interest' section: R Machekano and not R Moreno received payment for statistical analyses for SASOS from SASOS grant funds for the submitted work. In Appendix 3, T Kisten was omitted as a SASOS investigator for Inkosi Albert Luthuli Central Hospital, KwaZulu-Natal Province. The online version of the article (<http://dx.doi.org/10.7196/SAMJ.9435>) was corrected on 31 August 2015.